



Screening Tool Development

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Today's Presentation



- ◆ Screening Tool Development
- ◆ Overview of Pilot Testing
- ◆ Screening Domains
- ◆ Review the Draft Screening Tool
- ◆ Where We Go From Here



Screening Tool Development



- ◆ *Literature Driven*
- ◆ Faculty Input
- ◆ Community Feedback
- ◆ Steering Committee Feedback

Screening Tool Testing

◆ Three Community Partners

- Kent County (Tablet Site)
- Genesee County (Paper Site)
- District 10 (PDA Site)

◆ Women Engaged at WIC

- KCHD WIC Staff Will Screen
- Genesee CHW Will Screen
- District 10 MSS Nurse Will Screen

Testing Continued

◆ Validation

- Warehouse Data
- MSS Charts
- Methodology

◆ Client Reactivity

- To the Questions
- To the Process



Screening Tool Domains



- ◆ Demographics
- ◆ Health History/Chronic Disease
- ◆ Prenatal Care
- ◆ Smoking/Tobacco Use
- ◆ Substance Abuse



Domains Continued



- ◆ Stress
- ◆ Depression
- ◆ Social Support
- ◆ Domestic Violence
- ◆ Basic Needs
- ◆ Breastfeeding



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SMOKING

4.1 Which of the following statements would you say best describes your cigarette smoking? Would you say:

<input type="checkbox"/> I smoke regularly now – about the same amount as before finding out I was pregnant	↓
<input type="checkbox"/> I smoke regularly now, but I've cut down since I found out I was pregnant	
<input type="checkbox"/> I smoke every once in a while	
<input type="checkbox"/> I have quit smoking since finding out I was pregnant	
<input type="checkbox"/> I wasn't smoking around the time I found out I was pregnant, and I don't currently smoke cigarettes.	⇒ 5.1
<input type="checkbox"/> REFUSED	↓
<input type="checkbox"/> SNAG	

4.2 How many cigarettes do you smoke on an average day now?

<input type="checkbox"/> 1-1/2 or more packs	→
<input type="checkbox"/> 1 to 1-1/2 packs	
<input type="checkbox"/> 1/2 to 1 pack	
<input type="checkbox"/> 6 to 10 cigarettes	
<input type="checkbox"/> 1 to 5 cigarettes	⇒ 4.4A
<input type="checkbox"/> Less than 1 cigarette	→
<input type="checkbox"/> REFUSED	
<input type="checkbox"/> @ SNAG	

4.3A How soon after you wake up do you smoke your first cigarette?

<input type="checkbox"/> Within 5 minutes	↓
<input type="checkbox"/> 6-30 minutes	
<input type="checkbox"/> 31 or more minutes	

4.3B Do you find it difficult to stop smoking in non-smoking areas?

<input type="checkbox"/> No	↓
<input type="checkbox"/> Yes	

4.3C Which cigarette would you MOST hate to give up?

<input type="checkbox"/> The first cigarette in the morning	↓
<input type="checkbox"/> All others	

4.3D Do you smoke MORE FREQUENTLY in the first hours after waking than the rest of the day?

<input type="checkbox"/> No	↓
<input type="checkbox"/> Yes	

4.3E Do you smoke if you are so ill that you are in bed most of the day?

<input type="checkbox"/> No	↓
<input type="checkbox"/> Yes	

4.4A Have you seriously thought about quitting smoking during this pregnancy?

<input type="checkbox"/> Yes	↓
<input type="checkbox"/> No	
	⇒ 5.1

4.4B Have you tried to quit smoking in the last 30 days?

<input type="checkbox"/> Yes	↓
<input type="checkbox"/> No	
	⇒ 5.1

4.4C Have you made any changes or gotten any supports to make it easier for you to not smoke?

<input type="checkbox"/> Yes	⇒ 5.1
<input type="checkbox"/> No	



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DEPRESSION

8.1 Over the past 2 weeks, how often have you felt down, depressed, or hopeless?

- ☐ Not at all
- ☐ ★ Several days
- ☐ ★ More than half the days
- ☐ ★ Nearly every day
- ☐ REFUSED
- ☐ SNAG



8.2 Over the past 2 weeks, how often have you felt little interest or pleasure in doing things?

- ☐ Not at all
- ☐ ★ Several days
- ☐ ★ More than half the days
- ☐ ★ Nearly every day
- ☐ REFUSED
- ☐ SNAG

IF RACE IS
BLACK ↓ 8.3

OTHERWISE
⇒ 8.4

8.3 Over the past 2 weeks, how often have you had 'nerves' or felt angry, blue, or out of sorts?

- ☐ Not at all
- ☐ ★ Several days
- ☐ ★ More than half the days
- ☐ ★ Nearly every day
- ☐ REFUSED
- ☐ SNAG

⇒ 8.4

8.4 Do you have a history of depression, "baby blues" or other mental health issues?

- ☐ Yes
- ☐ No
- ☐ REFUSED
- ☐ SNAG

IF ONE OR MORE ANSWERS TO 8.1 – 8.3 ARE MARKED ★, CONTINUE TO 8.5.

OTHERWISE, SKIP TO 9.1



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QUESTIONS 8.4 – 8.13: DEPRESSION FOLLOW UP SCREENING

I'd like to ask you some follow up questions about how you're feeling. I'm going to read you some statements and responses. For each statement, please let me know which response is closest to how you've been in the past 7 days.

8.5 I have been able to laugh and see the funny side of things

- ☐ As much as I always could
- ☐ Not quite so much now
- ☐ Definitely not so much now
- ☐ Not at all

8.6 I have looked forward with enjoyment to things

- ☐ As much as I ever did
- ☐ Rather less than I used to
- ☐ Definitely less than I used to
- ☐ Hardly at all

8.7 I have blamed myself unnecessarily when things went wrong

- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ Not very often
- ☐ No, never

8.8 I have been anxious or worried for no good reason

- ☐ No, not at all
- ☐ Hardly ever
- ☐ Yes, sometimes
- ☐ Yes, very often

8.9 I have felt scared or panicky for no very good reason

- ☐ Yes, quite a lot
- ☐ Yes, sometimes
- ☐ No, not much
- ☐ No, not at all

8.10 Things have been getting on top of me

- ☐ Yes, most of the time I haven't been able to cope at all
- ☐ Yes, sometimes I haven't been coping as well as usual
- ☐ No, most of the time I have coped quite well
- ☐ No, I have been coping as well as ever

8.11 I have been so unhappy that I have had difficulty sleeping

- ☐ Yes, most of the time
- ☐ Yes, sometimes
- ☐ Not very often
- ☐ No, not at all

8.12 I have felt sad or miserable

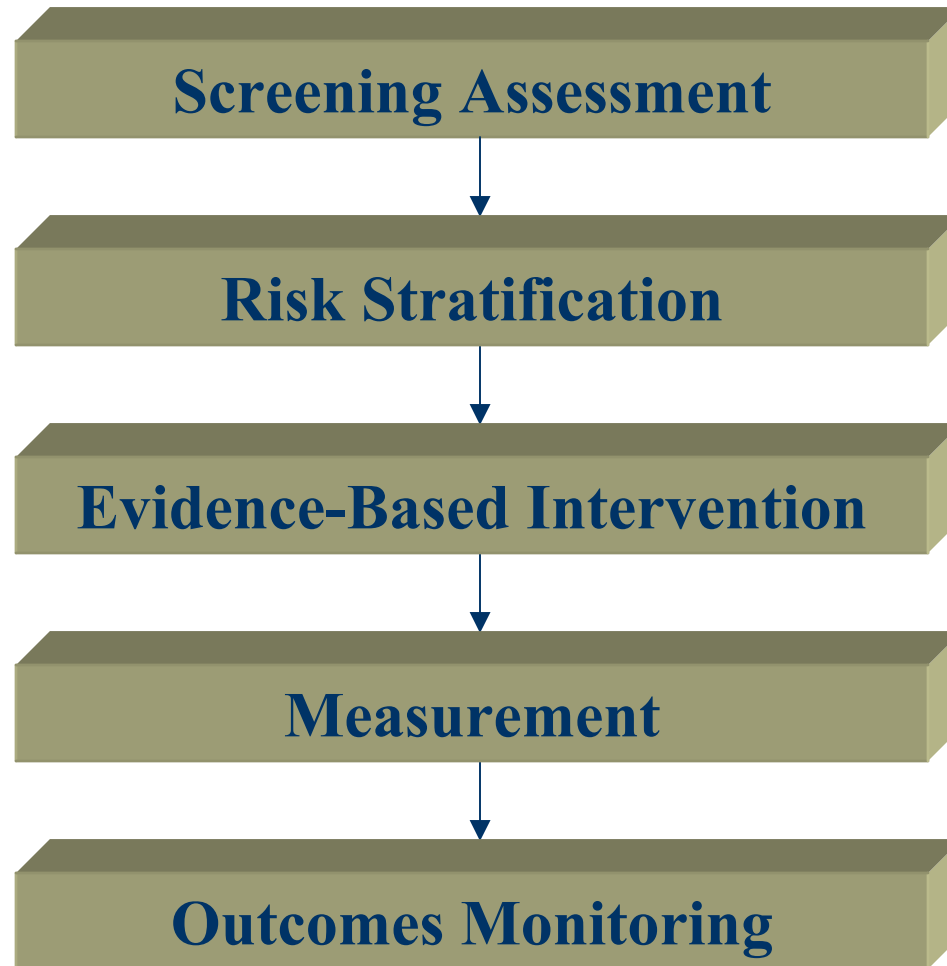
- ☐ Yes, most of the time
- ☐ Yes, quite often
- ☐ Not very often
- ☐ No, not at all

8.13 I have been so unhappy that I have been crying

- ☐ Yes, most of the time
- ☐ Yes, quite often
- ☐ Only occasionally
- ☐ No, never

8.14 The thought of harming myself has occurred to me

- ☐ Yes, quite often
- ☐ Sometimes
- ☐ Hardly ever
- ☐ Never





In A Nutshell



*Population Based
Outcomes Monitoring*



Next Steps



- ◆ Pilots begin in March
- ◆ Community/MDCH/Workgroup Feedback
- ◆ Literature revisited
- ◆ Final Version of Screening Tool Submitted